**Shikha Harish, MA, Psych**
**Registered Psychotherapist**
4283 Village Centre Court
Main Level L4Z 1S2 Mississauga
Fax: 905-230-4014
Phone: 416-892-6254
Email: forensicpsychotherapist@gmail.com

**Referral Form to be faxed at 905-230-4014**

Lawyer's Name _____

Address_____

Phone Number _____

Fax_____

Name of the Client _____

Client's Contact Number _____

Reason for the Referral

Date the report/ letter is needed: _____ Please fax • The relevant file material regarding the client including a synopsis of the index offence (s), disclosure etc. • Any clinical or psychological reports in the file • Signed Consent form for two way communication

Signatures _____ Date _____

Note: The services are not covered under OHIP. However, these services are eligible for coverage under extended health care plans. If you have a health care plan, it is recommended you check with your plan provider to determine the extent of your coverage for the services of a registered psychotherapist. Please refer to my Fee Policy on the website